

Bureau of Health Care Quality and Compliance

PRINTED: 04/09/2010
FORM APPROVEDPoc accepted by
Kene Kestel on 4/26/10 - BC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5600SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2010
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LAS VEGAS (FLAMINGO)		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO RD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 4/8/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024798 was substantiated with a deficiency cited. (See Tag Z310) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	<i>Rec'd ofc 4/21/10</i> This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Z 310 a. No residents were identified as being adversely affected. Resident #1 had discharged from the facility prior to the date of survey. b. Any resident whom can experience an event requiring family, or legal representative to be notified. c. Staff will be educated on patient, family/legal representative communication Policy & Procedure. Staff will utilize event reporting and/or 24 hour logs to report events and condition changes. d. The Director of Nursing, or designee, will review event reports and/or 24 hour logs for appropriate family/legal representative communication for 90 days. Director of Nursing, or designee, will report findings to the facility's Quality	
Z310 SS=D	NAC449.74493 Notification of Changes or Condition 1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical	Z310		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

6029

NBVX11

TITLE

(X8) DATE

If continuation sheet 1 of 2

Bureau of Health Care Quality and Compliance

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Z310	Continued From page 1 complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to notify the resident's guardian when Resident #1 was transferred from the facility to the hospital for a change of condition in accordance with facility policy. Severity: 2 Scope: 1	Z310	Assurance committee. e. 4/21/2010 and on-going	4/21/10 & On-Going

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